

Provider Communication

Subject: Online Coordination of Benefits (COB) Reminder	Priority: High
Date: December 2, 2004	Message ID: ACSBNR12022004_1

Dear Provider:

For providers submitting claims for recipients with a third party insurer as well as Medicaid, please submit the proper Other Coverage Code (OCC).

Field	Name of Field	Value and Definitions of Field
308-C8	Other Coverage Code	1- No other coverage identified (recipient states no other current primary insurance exists) 2- Other coverage exists-payment collected 3- Other coverage exists-this claim not covered (medication not covered by primary insurance) 4- Other coverage exists-payment not collected (claim processed-primary did not pay on claim)

- Do not charge a member the full amount at point of service.
- Do not deny a member his/her prescriptions.
- Please see pages G-24 – G-27 of the Part II Policies and Procedures for Pharmacy Services manual. Go to **www.ghp.georgia.gov** and click the “View Full List” link under the “Medicaid Provider Manuals” section.
- Questions, please contact Express Scripts 1-877-650-9340.

New GMAC Changes Effective 1/1/05

- Several changes to the GMAC list will become effective on 1/1/05. They include price decreases, increases and additions. The January 1, 2005 GMAC listing will be available for review on or before December 6th, 2004 at **www.ghp.georgia.gov**. Go to the “Provider Information” tab, click the “View Full List” link under the “Pharmacy Overview” section then click the “GMAC Listing” link.



New Progressive Drug Management Program Effective 1/1/05

The COX-II therapy class will be added to the State Health Benefit Plan and the Board of Regents Progressive Drug Management Program effective 1/1/05. Please note your pharmacy has been sent a letter outlining the program.

For prior authorization, clinical appeal information or general information, please call Express Scripts at 1-877-650-9340.

Preferred Drug List Change Effective 12/1/04

Effective 12/1/04, Ciprofloxacin Suspension will be preferred for Georgia Medicaid due to generic product unavailability.

Please share this information with appropriate staff. If you are the corporate office of a chain pharmacy, please provide this information to each of your stores located in Georgia. If you have additional questions or concerns regarding this notification, please contact Etta Hawkins or Pat Zeigler-Jeter at (404) 656-4044.

Sincerely,

Georgia Department of Community Health

Division of Medical Assistance